



PALMETTO STATE TEACHERS ASSOCIATION MEMBERSHIP APPLICATION

I am a student new member renewal

For Office Use only

DATE _____

CK # _____

Name _____

First

MI

Last

Suffix

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Cell Phone _____ I would like to receive text messages regarding membership.

Personal Email _____

Birth Date _____ Male Female Recruited by _____

School _____ District _____

Position _____ Grade _____ Subject _____

Method of Payment

(Check One)

Cash Check # _____

Credit Card (Circle Type)

Visa Mastercard American Express Discover

Card # _____

Exp. Date _____ CVC/CVV code: _____

Bank Draft Credit Card Draft (\$12.50/month or \$8.25/month)

Draft on the 1st of the month or the 15th of the month

Routing # _____ Account # _____

Official notice: Liability insurance coverage and legal assistance begin fourteen days after your application and dues are received in the PSTA office. Issues that occur or originate before you join will not be covered. Your renewal date will be one calendar year from the date your application and dues were received in the PSTA office. Members on bank draft or credit/debit card draft will automatically be renewed unless you notify PSTA thirty days before the renewal date. The monthly dues must be paid for an entire year. Data for text messages may apply.

Membership Types

(Check One)

Active Membership
\$149/year or \$12.50/month
Certified school personnel

Associate Membership
\$149/year or \$12.50/month
Non-certified school personnel

Special Membership
\$99/year or \$8.25/month

For the First Year:

This option is for first year teachers who were PSTA student members. Membership renews at the \$149 rate.

Student Membership
\$10/year
For students who are enrolled in an education program at a college or university

Retired Membership
\$25/year
For those who are retired and no longer working in the school setting - does NOT include liability insurance

Affiliate Membership
\$25/year
For any person or business in support of the goals of PSTA — does NOT include liability insurance

Applicant's Signature: _____ Date: _____

Return copy to: **PSTA**
220 State Street
West Columbia, SC 29169

For questions, call 803-256-2065 or
email info@palmettoteachers.org.